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PTO/SB/97 (08-00)
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Application Number: 10/087,672

Filing Date: 2/27/2002

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Date



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1. Fee Transmittal
2. Information Disclosure Statement
3. PTO Form 1449 (2)

Total pages including cover sheet: 5

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**180.00****Complete if Known**

Application Number	10/087,672
Filing Date	2/27/2002
First Named Inventor	Jered Donald Aasheim
Examiner Name	Hetul B Patel
Art Unit	2186
Attorney Docket No.	MS1 1026US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

- 20 or HP = _____ x 50 = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)**180.00****SUBMITTED BY**

Signature	<u>Jim Patterson</u>	Registration No. (Attorney/Agent)	52103	Telephone	(509) 324-9256
Name (Print/Type)	Jim Patterson	Date	<u>Oct 6, 2005</u>		

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/087,672
Filing Date 2/27/2002
Confirmation No. 6395
Inventorship Jered Donald Aasheim
Applicant Microsoft Corporation
Group Art Unit 2186
Examiner Hetul B Patel
Attorney's Docket No. MSI-1026US
Title: Open-Architecture Flash Driver

INFORMATION DISCLOSURE STATEMENTReferences – See Attached Form PTO-1449

To: Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

From: Jim Patterson (Tel. 509-324-9256; Fax 509-323-8979)
Lee & Hayes, PLLC
421 W. Riverside Avenue, Suite 500
Spokane, WA 99201

The attached form PTO-1449 is submitted in compliance with Applicant's duty of disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

The Commissioner is hereby authorized to charge payment of fees or credit overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

Dated: Oct 6, 2005By: Jim Patterson
Jim Patterson
Reg. No. 52103

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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1 of 2

Complete if Known

Application Number	10/087,672
Filing Date	2/27/2002
First Named Inventor	Jerod Donald Aasheim
Art Unit	2186
Examiner Name	Hetul B Patel
Attorney Docket Number	MS1 1026US

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 4815028	3/21/1989	Saitoh, Junko	
		US- 5123104	6/16/1992	Levine et al.	
		US- 5475827	12/12/1995	Lee et al.	
		US- 5630093	5/13/1997	Holzhammer et al.	
		US- 5634050	5/27/1997	Krueger et al.	
		US- 5663901	9/2/1997	Wallace et al.	
		US- 5672533	5/6/1997	Clark, Alan D.	
		US- 5682497	10/28/1997	Robinson, Kurt B.	
		US- 5801650	9/1/1998	Nakayama, Tadayoshi	
		US- 5867417	2/2/1999	Wallace et al.	
		US- 5960434	9/28/1999	Schimmel, Curt F.	
		US- 5973609	10/26/1999	Schoch, Kevin	
		US- 6011741	1/4/2000	Wallace et al.	
		US- 6111815	8/29/2000	Takeda, Keiichiro	
		US- 6198660	3/6/2001	Rolandi, Paolo	
		US- 6336158	1/1/2002	Martwick, Andrew W.	
		US- 6493807	12/10/2002	Martwick, Andrew W.	
		US- 6564285	5/13/2003	Millis et al.	
		US- 6606707	8/12/2003	Hirota et al.	

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

Examiner Signature	Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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Application Number	10/087,672
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Examiner Name	Hetul B Patel
Attorney Docket Number	MS1 1026US

Sheet 2 of 2

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Date Considered

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND

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